



STATE OF LOUISIANA  
BOARD OF REGENTS  
PROPRIETARY SCHOOLS  
P.O. Box 3677  
Baton Rouge, LA 70821-3677  
Office phone: (225) 342-4253 or (800) 272-8090

**REQUEST FORM FOR OFFICIAL STUDENT TRANSCRIPT/RECORDS  
FROM A CLOSED PROPRIETARY SCHOOL**

\*\*\*\*\*  
To obtain official student transcripts/records from a closed Louisiana Proprietary School, please return this completed and signed form,  
along with a money order or certified check to the above address. **(Complete one form per school.)**  
\*\*\*\*\*

**(Please Type or Print in Ink)**

**Current Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Other/Maiden Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Last 4 digits of your Social Security Number:** \_\_\_\_\_

**What is the name of the school you attended?** \_\_\_\_\_

**In what city was this school located?** \_\_\_\_\_

**How many copies of your transcripts/records do you want?** \_\_\_\_\_ (\$10.00 for the first copy & \$5.00 for each additional copy.)

**(Fill out the following information for each copy.)**

	<b>Why do you need your records?</b> <i>Examples are: personal record, further my education, employment, financial, other(explain).</i>	<b>What records do you need?</b> <i>Examples are: all records, transcripts, diploma/certificate, financial information, all records, other(explain).</i>	<b>Send my records to:</b> <i>Examples are: write "above mailing address", write in the address of the institution or business, or fax (include fax # and contact information).</i>
1 <sup>st</sup> copy			
2 <sup>nd</sup> copy			
3 <sup>rd</sup> copy			

**Have you ever requested transcripts/records from our office?** Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*  
There is a processing fee of \$10.00 for the first copy of documents. Additional copies are \$5.00 each.  
Payment must be paid by "certified check" or "money order" only and shall be made payable to "LA Board of Regents."

**(We do NOT accept personal checks or cash!)**

I HAVE ATTACHED \$ \_\_\_\_\_ TO THIS REQUEST. I UNDERSTAND THAT THE FEE IS REFUNDABLE IF NO RECORDS ARE LOCATED.

**Day Phone Number:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(Our office will not process this request without a signature.)**

\*\*\*\*\*